

Total paid: \$ (office use only)
Receipt number: (office use only)



Virginia Alcoholic Beverage  
Control Authority

Agent: (office use only)
Record number: (office use only)

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way • Mechanicsville VA 23116 | PO Box 3250 • Mechanicsville VA 23116

## OUT OF BOND PERMIT APPLICATION

### A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
  - *Current Licensee*: Complete Sections B–C, G–H
  - *Organization*: Complete Sections B, D–E, G–H
  - *Individual*: Complete Sections B, F–H
3. Mail the following items to the address below:
  - *Completed application*
  - All required documents
  - *Nonrefundable application fee of \$50*

Virginia Alcoholic Beverage Control Authority  
License Records Management  
PO Box 3250  
Mechanicsville, VA 23116

### B. BUSINESS LOCATION

1. Facility Establishment Name: (if applicable) \_\_\_\_\_
2. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### C. LICENSED PROFESSIONAL (CURRENT LICENSEE)

**DIRECTIONS:** Either *Section C-Current License* or *Section D-Permitee* is required.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Existing License Number: \_\_\_\_\_
3. Primary Phone Number: \_\_\_\_\_
4. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### D. PERMITEE-ORGANIZATION

**DIRECTIONS:** If the organization is applying directly for a license then *Section E* is required to be completed with an associated individual's contact information.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

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### E. ASSOCIATED INDIVIDUAL

1. Individual First Name and Last Name: \_\_\_\_\_
2. Preferred method of contact: ☐ Phone ☐ Email ☐ Postal Mail
3. Primary Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

### F. PERMITEE-INDIVIDUAL

1. First Name, Last Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### G. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this application and all the attachments are true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the license(s) and/or criminal charges.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Print name: \_\_\_\_\_ Title: \_\_\_\_\_

### H. REQUIRED DOCUMENTS

**DIRECTIONS:** Provide officials with the following required documents at time of submittal.

1. Articles of Incorporation or Organization or similar
2. Diagram of Warehouse
3. Lease or Deed
4. Memorandum of Understanding (optional)